

listed in my references. Otherwise, they could not have been so dogmatic about some of their statements. For example, Dr. Black challenges me to supply data to contradict his allegation that "the large majority" of unwanted pregnancies end up with serious social or psychiatric problems. But Forssman and Thuwe (Sweden) found that 48 percent of children from "unwanted" pregnancies were *completely free* of all the social and psychological "defects" they were studying; which really compares not so unfavorably with 68 percent in the "wanted" pregnancy group. What this means then is that children of "unwanted" pregnancy had only 20 percent additional risk of social maladjustment above the posited norm, or above those from "wanted" pregnancies. Hardly an over-

whelming justification for having the former group of children destroyed without due process! Besides, the implication that it is better to be dead than maladjusted is hardly constructive or therapeutic.

And I can assure Dr. Black that if California physicians had done 116,000 tonsillectomies or hysterectomies in 1971 (95 percent for psychiatric or mental health reasons), I would be writing an article about the ethics of that also.

In conclusion, let me just point out that the very persistence of such disputes as these is perhaps the most obvious evidence available that more adequate studies of the abortion problem are badly needed.

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The Heart Surgeon

TO THE EDITOR: For reasons of their own, the news media, The American Heart Association and certain hospitals have given the concession of heart surgery to certain favored men, while excluding all other members of the specialty from working in that area.

When one surgeon is selected as "the heart surgeon" and given the monopoly in this branch of surgery, he is prone to develop the "God" complex; that is, he comes to believe and to assume that he possesses certain superior qualities which set him above his colleagues. He acquires a worshipping and adoring entourage who follow him unquestioningly and continually add to his problems by flattery. The favored one is denied the checks and balances by the free, independent, private practitioners in his field; this criticism, which acts as a governor, tends to keep us all in line. The surgical review committee would never dare to critically review the "Great One's" cases. While the Chief of Surgery would not hesitate to notify one of the excluded thoracic surgeons that he could not perform a procedure in his specialty, (since these procedures are reserved for the favored surgeon) he would not dare question any procedure scheduled by the "Favored Surgeon." The selected surgeon becomes overblown, over-

inflated, overconfident, resulting in incredible behavior on the part of these "superstars."

Those surgeons who have been excluded and denied the opportunity to participate in the newer developments in their specialty, tend to be forced in the opposite direction. To the degree that the selected surgeon is overinflated, the excluded ones become deflated both in their own eyes and in the eyes of their colleagues and the public. The excluded surgeons lose confidence and since they have been excluded also from the dog laboratory and excluded from clinical heart surgery, no matter how many post graduate courses they may take or how proficient and knowledgeable they may become in heart surgery, they still are not allowed to do it. It is contradictory to insist that people keep up in their specialty and at the same time to deny them the opportunity to do clinical work.

For the good of the profession, the Cult of Personality Worship ought to be discouraged by restoring full privileges to all surgeons in their specialty.

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